



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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|-----------|---|------------------|------------------|
| Appl. No. | : 09/604,102 | Confirmation No. | : 5007 |
| | | Docket No. | : P19675 |
| Applicant | : Makoto KIZAWA | Customer No. | : 7055 |
| | | Examiner | : SCOTT A ROGERS |
| Filed | : June 27, 2000 | Group Art Unit | : 2626 |
| For | MULTIFUNCTION APPARATUS AND DATA PRINTING METHOD | | |

AMENDMENT & RESPONSE UNDER 37 C.F.R. 1.116

U.S. Patent and Trademark Office
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Sir :

In response to the Official Action dated August 25, 2004, in which a three-month shortened statutory period for response was set to expire on November 26, 2004 (November 25 being a Federal Holiday), please amend the above-identified application as follows:

Amendments to the claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.



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AP
61

Response under 37 C.F.R. 1.116
Expedited Procedure Requested
Examining Group. 2626
Attorney Docket No. P19675

In re application of : Makoto KIZAWA

Corres. and Mail
BOX AF

Group Art Unit: 2626

Application No. : 09/604,102

Filed : June 27, 2000

Examiner: SCOTT A ROGERS

For : MULTIFUNCTION APPARATUS AND DATA PRINTING METHOD

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Commissioner for Patents
U.S. Patent and Trademark Office
220 20th Street S.
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Crystal Plaza Two, Lobby, Room 1B03
Arlington, VA 22202

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Sir:

Transmitted herewith is an **Amendment & Response under 37 C.F.R. 1.116** in the above-captioned application.

_____ Small Entity Status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a previously filed statement.

_____ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.

_____ A Request for Extension of Time.

X No additional fee is required.

The fee has been calculated as shown below:

| Claims After Amendment | No. Claims Previously Paid For | Present Extra | Small Entity | | Other Than A Small Entity | |
|-------------------------------------|--------------------------------|---------------|--------------|-----|---------------------------|--------|
| | | | Rate | Fee | Rate | Fee |
| Total Claims: 10 | *20 | 0 | x 9= | \$ | x 18= | \$0.00 |
| Indep. Claims: 3 | **3 | 0 | x 44= | \$ | x 88= | \$0.00 |
| Multiple Dependent Claims Presented | | | +150= | \$ | +300= | \$0.00 |
| Extension Fees for ____ Month(s) | | | | \$ | | \$0.00 |
| Total: | | | | \$ | Total: | \$0.00 |

* If less than 20, write 20

** If less than 3, write 3

_____ Please charge my Deposit Account No. 19-0089 in the amount of \$ ____.

N/A A check in the amount of \$ ____ to cover the filing/extension fee is included.

X The U.S. Patent and Trademark Office is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-0089.

X Any additional filing fees required under 37 C.F.R. 1.16.

X Any patent application processing fees under 37 C.F.R. 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 C.F.R. 1.136(a)(3)).

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